

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 20, 2021

Deedre Vriesman Resthaven Maple Woods 49 E 32nd St. Holland, MI 49423

RE: License #: AH700236875

Resthaven Maple Woods

49 E 32nd St.

Holland, MI 49423

Dear Ms. Vriesman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed until 7/30/2022. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

Cell (616) 204-4300

July hnano

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AH700236875	
Licensee Name:	Resthaven	
Licensee Address:	948 Washington Ave.	
	Holland, MI 49423	
Licensee Telephone #:	(616) 796-3500	
Authorized Representative:	Deedre Vriesman	
Administrator:	Abby Waldo	
None of Facility	Dooth over Marile Weeds	
Name of Facility:	Resthaven Maple Woods	
Facility Address:	49 E 32nd St.	
l acinty Address.	Holland, MI 49423	
	Tionana, Wii 40420	
Facility Telephone #:	(616) 796-3700	
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Original Issuance Date:	06/01/1999	
Capacity:	101	
Program Type:	AGED	
	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 0	8/19/2021		
Date of Bureau of Fire Services	s Inspection if applicable: 12	2/21/21 - A	
·	nterview and Observation Combination	⊠Worksheet	
Date of Exit Conference: 08/19/21			
No. of staff interviewed and/or of No. of residents interviewed and No. of others interviewed 0 F		21 47	
Medication pass / simulate	d pass observed? Yes ⊠	No ☐ If no, explain.	
 Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain. Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. The home does not hold resident funds in trust. Meal preparation / service observed? Yes ⋈ No ☐ If no, explain. 			
 Fire drills reviewed? Yes ☐ No ☒ If no, explain. Reviewed disaster plans along with interviewed staff on policies and procedures Water temperatures checked? Yes ☒ No ☐ If no, explain. 			
 Incident report follow-up? Y Corrective action plan com Number of excluded employ 	pliance verified? Yes [] (

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

July hnano	8/20/21
Licensing Consultant	 Date